

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

5089 - 62-020773
STATE FILE NUMBERDO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No. 1003

Registrar's No.

FILED MAY 31 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. Louis

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY
OR
TOWN St. LouisInside Limits
Yes ☐ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Homer G. Phillips HospitalInside Limits
Yes ☐ No ☐d. STREET
ADDRESS (If outside, give location)
5615 Vernon Ave.Reside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Pearl

Anna

Moore

4. DATE
OF
DEATH

Month

Day

Year

5

17

1962

5. SEX

Female

6. COLOR OR RACE

Negro

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12-27-1939

9. AGE (last birthday)

22

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during past of working life even if retired)

Kitchen Help

10b. KIND OF BUSINESS OR INDUSTRY

Restuarant

11. BIRTHPLACE (City and state or country)

Merrouge, Louisiana

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Rufus Moore

13b. MOTHER'S MAIDEN NAME

Ethel Dunmore

14. NAME OF HUSBAND OR WIFE

-

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Carrie Wells

5615 Vernon Ave.

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Gunshot wound of the head with laceration of the
brain; Subdural hemorrhage; suffered when shot
with gun in hands of one Olan Hale in hallway
of home at 5615 Vernon Avenue on or about
5:00 P.M., May 17th 1962.Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Homicide

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☒ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☒

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

See Above

20c. TIME OF
INJURY 5:00
a.m. 5-17-62
p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)
Home

20f. CITY, TOWN, OR LOCATION

St. Louis, Missouri

COUNTY

STATE

I attended the deceased from _____ to _____ and last saw her
him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

Helen L. Taylor, Coroner

1300 Clark Ave.

5/18/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)
Motoring23b. DATE
5-20-6223c. NAME OF CEMETERY OR CREMATORY
Local Cemetery23d. LOCATION (City, town, or county)
Merrouge, La.

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

ATKINS BROS.

3644 Finney Ave.

MAY 19 1962

Earl Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Missouri
St. Louis

St. Louis

Self Vernon Ave.

Forer - Phillips Hospital

1902 12-27-1939 22 X Moore
Pearl Anne
Female
Kitchen Help
Ruth Moore
no
402-11-3045
Mrs. Carrie Wells
Self Vernon Ave.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

John K. Cunningham

Licensed Embalmer No. 4476

P. O. Address 2405 Marcus

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.